

## **Wiltshire Council**

### **Cabinet**

**20 June 2017**

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**Subject:               Recommissioning of the Wiltshire Substance Misuse Service**

**Cabinet Member: Councillor Jerry Wickham - Adult Social Care, Public Health and Public Protection**

**Key Decision:       Yes**

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#### **Executive Summary**

The purpose of this report is to:

Seek approval from Cabinet to undertake a tendering process to commission a new, single (pan Wiltshire) adult substance misuse treatment service for Wiltshire and Swindon (drugs & alcohol service for over 18's).

The current Wiltshire substance misuse service contract, provided by Turning Point, has operated since 2013. It was awarded originally for a year 3 term with the ability to be extended for a further 2 years. The extension option was activated in 2015 and the contract is now scheduled to expire on March 31<sup>st</sup>, 2018.

Following positive dialogue between the commissioning teams of Wiltshire and Swindon Borough Councils, there is a mutual commitment to work collaboratively across the substance misuse arena, offering improved partnership working arrangements and economies of scale. Commissioning a single provider, funded by both councils, will realise these benefits and allow both authorities to offer a high quality service as the local government budget situation continues to present its challenges.

Change Grow Live (CGL) is the current Swindon provider and their 3 year contract also expires on March 31<sup>st</sup>, 2018. Swindon will be seeking approval to go to market (in partnership) via their Gateway process (equivalent to our CLT). The timescales outlined within the procurement timeline have been developed in consultation with Swindon.

In addition, the Wiltshire Council (partnership) also grant fund 3 supported houses specifically for people in recovery from substance misuse. It is proposed to include the recommissioning of supported housing as an additional lot to the main contract. This will allow bidders to tender for the main treatment service together with the supported housing contract, or purely for just the treatment service or supported housing element as separate lots. It is hoped that this will test the market to explore whether further service improvements and/or economies of scale are possible.

To respond to these timelines there is now a requirement to go out to competitive tender for the 2018-21 contract.

### **Proposals**

Cabinet is requested to:

- Approve the commencement of a tendering process; subject to Swindon also securing necessary approvals, to commission a new pan Wiltshire adult substance misuse treatment service for a 3 year agreement (2018-21), with the ability to extend for 2 further years.
- Approve the inclusion of a supported housing lot in addition to the main contract specification.
- Delegate authority for award of contract resulting from this tendering process to Carolyn Godfrey, Corporate Director, in consultation with the Cabinet Member for Public Health & Public Protection, the Associate Director Legal & Governance and the Associate Director Finance.

### **Reason for Proposals**

Under the Health and Social Care Act 2012, Local Authorities have the duty to reduce health inequalities and improve the health of their local population by ensuring that there are public health services aimed at reducing drug and alcohol misuse.

In order to meet the April 1<sup>st</sup> 2018 deadline there is now the necessity to begin the commissioning process. This will enable the council to continue to support thousands of Wiltshire residents wishing to improve their health, whilst ensuring Wiltshire is one of the safest counties in the country.

The proposal to collaborate with partners from Swindon Borough Council, will offer improved joint working/economies of scale and in turn enable a high quality substance misuse service to continue to be available for Wiltshire residents.

**Tracy Daszkiewicz –Interim Director, Public Health**

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### **Purpose of Report**

1. To seek approval from Cabinet to go to market to commission a single adult Substance Misuse Service for Wiltshire and Swindon. The current providers' (Turning Point – Wiltshire and CGL – Swindon) contracts both expire in March 31<sup>st</sup> 2018.

### **Relevance to the Council's Business Plan**

2. Delivery of the Council's Business Plan Vision, 'to create stronger and more resilient communities' is fundamental throughout the provision of a substance misuse service:
  - **Outcome 1 – Wiltshire has a thriving and growing local economy -** Through the provision of an adult substance misuse service there are clear economic benefits. Over 700 of Wiltshire Council's service users are still able to maintain paid employment because of the support they are offered.
  - **Outcome 5 – People in Wiltshire have healthy, active and high-quality lives -** By supporting people to reduce or abstain from alcohol, drugs or both, it helps people to lead healthy active lives. This has real self-esteem benefits and allows for a positive contribution towards society.
  - **Outcome 6 – People are as protected from harm as possible and feel safe -** As there is a strong link between drug taking and criminal behaviour; (an injecting heroin user will commit between 180-230 crimes per annum) we are offering a positive alternative to our (approx.) Wiltshire Council 2000 service users (this includes alcohol) per annum (Swindon approx. 1100 users). This significantly contributes towards making Wiltshire one of the safest counties in the country, whilst improving the health of many Wiltshire residents.

The service contributes towards the safeguarding of those who are most vulnerable within our communities, whilst also offering support to the wider family impacted by substance use.

## **Main Considerations for the Council**

3. Following a request by the Wiltshire Community Safety Partnership's Drugs and Alcohol Strategic Group, discussions have taken place between the commissioners of Wiltshire and Swindon's substance misuse services. As both organisations have the opportunity to commission a new service to go live from April 1<sup>st</sup>, 2018 it was recommended by the partnership that collaboration opportunities were explored. These discussions have proven to be extremely fruitful and there is mutual understanding about the benefits of collaborating to commission a single 'pan Wiltshire' contract, particularly as budgets continue to be pressurised. For example, a future drugs and alcohol provider would be able to operate with a single management team across pan Wiltshire, where there are currently two because they are operated in isolation.
4. When focusing on both local authorities existing specifications, the emphasis given to providers in Swindon and Wiltshire is a focus towards the provision of high quality 'treatment' services. The new pan-Wiltshire proposed offer will look to evolve this further with an increased emphasis on prevention, improved access and increased collaboration.
5. Wiltshire Council introduced a new commissioning team in September 2015. In response to this change an immediate area of work identified for further development was collaborative working. Intensive effort was committed to forge relationships with external partners such as the police/probation/CCG and internal stakeholders, whose area was impacted by substance misuse. A success of this investment being an improvement in the service's child safeguarding processes and a commitment to support the Troubled Families agenda. An officer from the treatment service now sits within the MASH on a part time basis, helping to safeguard Wiltshire children, the positive impacts of which were recently recognised within an outstanding Care Quality Commission – CQC inspection/report.
6. However, there is recognition from both Wiltshire and Swindon that there are opportunities for additional collaboration going forward. For example, by commissioning a single provider working with the Swindon and Wiltshire MASHs, there would be the opportunity to create a bridge around substance misuse between the MASHs of neighbouring authorities; the safeguarding of children being the key goal. The same argument could be applied to the two custody suites operated by Wiltshire Police (Gable Cross – Swindon & Melksham - Wiltshire). A single provider across both suites would allow for improved collaboration between police and the treatment service, hopefully leading to a reduction in substance misuse related crime by improving access.
7. Access to the new service will be particularly important. Wiltshire currently has an urban model based model with hubs in Salisbury, Trowbridge and Chippenham providing treatment to approx. 2000 people per year (Swindon has a single hub). This offers an excellent service for residents within these wider communities, but is prohibitive for those who do not live within close proximity, particularly those from the east of the county. The aspiration going forward is that Wiltshire residents will feel able to access treatment wherever

they live. This will partly be achieved through the use of community satellite buildings (in addition to the hub); offering the public different environments to access support.

8. An improved digital offer will also be incorporated into the new service; this too will be critical in enhancing access. As it stands our penetration rate for Wiltshire residents drinking harmfully or dependently is less than 5%; this is not unusual across England. To support the remaining 95% we need to transform the service away from one reacting to offer treatment, to one which offers preventative support and guidance to those who maybe unaware of the risks associated with their drinking behaviour. A web based offer supported by social media will be critical. We want to create virtual Wiltshire substance misuse communities, where people through social media can access peer support from people who have been through the same experiences.
9. Through the use of technology and by offering services within the community it is hoped we can prevent significant substance misuse related harm. This could include delaying the demand for adult social (domiciliary and residential) care, or preventing alcohol related domestic abuse and the associated child safeguarding issues.
10. These principles come together to form the PACT model which will shape the new service contract. PACT is short for Prevention, Accessibility, Collaboration and Treatment; the four strands which we will test the market against. Our partners in Swindon are supportive of the PACT model and are happy for this to underpin the new service.
11. In addition to the substance misuse service, grant funding has also been awarded for the provision of 3 'supported houses', which accommodate people in recovery from drugs and alcohol. These are Acorn House (Trowbridge), Ruth House (Devizes) and Arch House (Salisbury). It is proposed to include the recommissioning of supported housing as an annex to the main contract. This will allow bidders to tender for the main treatment service together with the supported housing contract, or purely for just the treatment service or supported housing element as separate Lots. It is hoped that this will test the market to explore whether service improvements or economies of scale are further possible. (This is separate to the Swindon collaboration opportunity and is only relevant to Wiltshire Council).

## **Background**

12. The current adult substance misuse service contract; provided by Turning Point, has operated since 2013. It was awarded originally for a year 3 term with the ability to be extended for a further 2 years. The extension option was activated in 2015 and the contract is now scheduled to expire on March 31st 2018. In Swindon their contract provider is Change Grow Live (CGL) and their contract expires on the same date – March 31<sup>st</sup> 2018. The timescales are fortunately concurrent and make a joint approach towards commissioning achievable.
13. The service offers support to adults who are experiencing drug and/or alcohol problems; this includes over the counter medications, (former) legal highs and

the use of prescription medications. Examples of treatment include counselling, structured one to one work and substitute prescribing (e.g. methadone for heroin).

The aim is through support to reduce or stop usage as well as minimising the harmful effects associated with drug and/or alcohol use.

14. The current service specification has a focus towards the wider impacts of substance misuse. Through the adoption of collaborative approaches we have realised real benefits and the aspiration going forward is to only grow this preventative approach further. Examples of this current approach include:

- Attendance at MARAC – Domestic Abuse Weekly risk assessment meetings;
- Substance misuse service managers and mental health managers meeting regularly to discuss dual diagnosis service users;
- Liaising with hospitals to ensure alcohol related admissions are given the opportunity to engage with the service;
- Substance misuse service working with Licensing Officers to ensure safe music festivals e.g substance misuse service hosted a stall at Womad;
- Working closely with police partners to offer positive outcomes for those causing substance misuse Anti- social behaviour;
- A substance misuse officer based within the MASH (part-time).

15. In addition to the treatment service grant funding has been historically awarded to 3 supported houses specifically for people in recovery from substance misuse. The properties are abstinence based and act as a springboard for people, often leaving the substance misuse service, who need an interim housing arrangement prior to full independent living. People can stay for 24 months in supported houses, although they often leave before.

The properties are as follows:

Acorn House	5 bedrooms	Trowbridge	Provider – DHI (Developing Health and Independence)
Ruth House	4 bedrooms	Devizes	Provider Alabare
Arch House	6 bedrooms	Salisbury	Alabare

We propose to test the market to see if there is any potential to improve service provision and reduce costs by allowing treatment providers to potentially bid for this as an addition to the future contract.

### **Overview and Scrutiny Engagement**

16. The Chair and Vice Chair of the Health Select Committee have been briefed on the forthcoming commissioning exercise. Following this meeting continued dialogue has taken place with the lead officer from Overview & Scrutiny.

## **Safeguarding Implications**

17. Safeguarding is at the heart of drugs and alcohol treatment and as such there are clear processes in place to ensure that service providers identify those at risk of harm and / or exploitation and that such concerns are reported appropriately. The commissioning team will ensure the provider works closely with the both adult safeguarding teams (to include domestic abuse) and children's safeguarding (MASH) and child protection teams to ensure that any risks, concerns or incidents are escalated in line with council protocols.

## **Public Health Implications**

18. The 2012 Health and Social Care Act introduced a new duty for all upper-tier and unitary local authorities in England to take appropriate steps to improve the health of the people who live in their areas.

In 2015/16 the public health grant included a new condition that requires: A local authority must, in using the grant, "...have regard to the need to improve the take up of, and outcomes from, its drug and alcohol misuse treatment services..."

The public health outcomes framework which sets the vision for improving public health nationally (via a selection of desired outcomes and indicators) has *Substance misuse at its heart, with examples below:*

- 2.15i - Successful completion of drug treatment - opiate users
- 2.15ii - Successful completion of drug treatment - non-opiate users
- 2.15iii - Successful completion of alcohol treatment
- 2.15iv - Deaths from drug misuse
- 2.18 – Alcohol Related Hospital Admissions (Narrow Definition) (direct)

## **Procurement Implications**

19. Officers have been working closely with the Strategic Procurement Hub to develop a robust programme to ensure timely delivery, whilst adhering to procurement regulations and policies. The proposal will see a single provider funded directly and independently by both partners. The successful provider will be able to demonstrate/account for how the funding is spent across the service, protecting both partners from any potential of cross-subsidising.

### Substance Misuse Tendering Timeline

Process	Date	Days	Activity
Invitation To Tender	01.09.2017	35 days	Place advert and issue tender packs (via supplyingthesouthwest.org.uk)
	13.09.2017 at 17:00		Deadline for questions submitted in writing by post / e-mail
	20.09.2017 at 17:00		Deadline for responses to questions circulated to all tenderers
	05.10.2017 at 15:00		Closing date for submission of tenders
Tender Evaluation	05.10.2017 - 03.11.2017	30 days	Evaluation of tenders
Contract Award	03.11.2017	10days	Contract award
	03.11.2017 – 13.11.2017		Standstill
	13.11.2017		Tender award and Contracts issued
	01.04.2018		Contract start date

### Equalities Impact of the Proposal

20. The current location of services leads to an inequity of access. Better geographic placement and a greater focus on outreach will enable easier access to specialist services for more vulnerable people, especially people who rely more on public transport.

21. The service specification will state that providers will be expected to demonstrate the use of local resources and provision of services which take account of relevant Wiltshire Council policies.

22. An Equality Impact Assessment will be conducted as part of the procurement process and the findings will be shared for consideration by the officer with delegated responsibility to execute the contract.

### Environmental and Climate Change Considerations

23. The move towards the greater use of technology will hopefully reduce the amount of travelling for both people accessing treatment and the recovery workers driving to appointments. With this new way of working it will inevitably reduce the carbon emissions directly associated with driving as well as moving the service away from a reliance upon fossil fuels.

### Risks that may arise if the proposed decision and related work is not taken

24. Wiltshire would not have a drugs and alcohol service post April 2018. This would impact dramatically on the health of thousands of the county's most vulnerable people. Without the preventative benefits offered by the service we would also see significant impacts on partners – police, fire, NHS and CCG who would be exposed to increased reactive demand.

### Risks that may arise if the proposed decision is taken and actions that will be taken to manage these risks

25. Operating a single contract that bridges two local authorities will require close monitoring. It is vital that the investment from both local authorities is reflected in the service available to their respective residents. Any imbalance will need to be addressed urgently. To manage this risk it is proposed to reconstitute the



Community Safety Partnership's (CSP) Drugs and Alcohol Strategic Group. This is the body responsible for Wiltshire's drugs and alcohol commissioning. This will become a pan Wiltshire group reporting into both CSPs and will be the forum to ensure this risk is addressed prior to commissioning commencing. In addition regular contract review meetings will take place with both sets of commissioners in attendance, scrutinising contract performance.

26. A further risk associated with awarding a new contract relates the service users. The transition stage following contract award will be crucial for continuity of care. This will require careful management of any staffing issues linked to the contract and ensuring appropriate infrastructure for the new contract is in place. To mitigate this risk we are programmed to award the contract over 4 months in advance of April 2018. This will allow appropriate time for:

- TUPE arrangements (if staff need to transfer to a new employer);
- Securing premises to deliver future service from;
- Training of staff on areas such as database usage (to record service users' details).

### **Financial Implications**

27. The substance misuse contract is almost entirely funded by Wiltshire Council (predominantly via the Public Health Grant), although contributions are also provided from Wiltshire Police and upto 2016/17 Probation (Community Rehabilitation Companies) (the latter was withdrawn due to budget pressures).

28. The payment for the awarded contract will be though quarterly received invoices, reflecting the existing arrangements.

29. The budget for the main contract and supported housing annex will determined after engagement with the market and consideration of how it complements the agreed medium term financial strategy.

### **Legal Implications**

30. Due to the potential value of the contract we will be following the OJEU (Official Journal of the European Union) level tender process. As a result the advertisement of the procurement will be sufficiently widespread to alert the market to the opportunity. By using Public Contract Regulations 2015 compliant processes we will minimise the risk of challenge on procurement grounds and as well the Council's "VFM" duty will be satisfied.

31. Legal Services have been engaged to assist with the drafting of the contract documentation and to advise on any TUPE implications.

### **Options Considered**

32. The main consideration was to go to market for an independent Wiltshire (Council boundary) contract. This would however, make it challenging to achieve the same level of savings on what is against a 2013 (5 years old) contract figure. The preferred option will allow north Wiltshire residents to

access the Swindon hub, if appropriate; this is not currently available. A traditional approach would also continue to cause difficulty for our partners across the Community Safety Partnership – Police, Fire, Probation, CCG; who are pan Wiltshire in focus and would have to work in silo with Wiltshire's two authorities.

33. The other option considered was the potential of amalgamating the young people's service with the main adult service. The Motiv8 (young people's) service is 10% the size of the adult service in budgetary terms. It is however entirely based on an outreach model, with the main substance issues being alcohol and cannabis rather than harder drugs seen in the over 18's service. Although there would have been potential economies of scale, there was concern that the young people's service would be diluted and the 3000 young people given preventative advice each year would reduce, to the detriment of young people's health. (There is no current proposal to collaborate with Swindon in this contract area).

## **Conclusions**

34. Significant progress has been made in Wiltshire to reduce the burden of ill health associated with substance misuse. The changing landscape in respect of how the council is funded presents opportunities to be innovative and further develop the service to be shaped around its users, from all corners of the county and to include our partner from Swindon.
35. With Cabinet approval to go to market Wiltshire will continue to have an adult drugs and alcohol service protecting a significant number of its residents directly and indirectly affected by substance misuse. This will allow thousands of people to contribute towards the council's goals as captured within its business plan.

### **Tracy Daszkiewicz Interim Director, Public Health**

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